

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027516

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

331

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53
FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

Cape County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Cape Girardeau, Mo.

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION

Southeast Missouri Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

New Madrid

c. CITY
OR TOWN

Piseco, Mo.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Anna Rosella Buttery4. DATE
OF DEATHMonth Day Year
July 5 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-1-1900

9. AGE (last birthday)

63

10. IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Senath, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Tom Long

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Cletus Buttery

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv.)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

J. I. Hedman St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease 3 months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/4/63 to 7/5/63 and last saw her alive on 7/5/63
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. P. Neahaugh M.D.

22b. ADDRESS

24 North Sprigg St.
Cape Girardeau, Missouri

22c. DATE SIGNED

7/17/63
(State)23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-8-1963

23c. NAME OF CEMETERY OR CREMATORY

Kennett Cemetery

23d. LOCATION (City, town, or county)

Kennett, Mo.

24. FUNERAL DIRECTOR

Lloyd W. Russell, D.D.

ADDRESS

Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

7-16-63

26. REG. STRAR'S SIGNATURE

L. Kasten

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 1 1963

AUG 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~on~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leah M. Russell

Licensed Embalmer No.

509-Ark

P. O. Address

Piggott, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.